#### NATIONAL EXAMINER BOARD-DESIGNATED PILOT EXAMINER CANDIDATE APPLICATION

Supplemental Information and Instructions

#### U.S. Department of Transportation Federal Aviation Administration

### **Privacy Act Statement**

The information on the accompanying form is solicited under authority of the Public Law 103-272, dated July 5, 1994. The purpose of this information is to determine your eligibility for designation as a pilot examiner. The information will become part of the Privacy Act system of records DOT/FAA 830, Representatives of the Administrator, and will be used to evaluate your qualifications for designation as a pilot examiner. Submission of all data is mandatory except for Social Security Number (SSN), which is voluntary. If you do not disclose your SSN, a unique number will be assigned to your file. Your application cannot be processed unless the information is complete.

#### **Paperwork Reduction Act Statement**

The information is necessary to determine your eligibility to become a pilot examiner. It is estimated that it will take approximately 55 minutes per response. The information will become part of the Privacy Act system of records, DOT/FAA 830, Representatives of the Administrator, and it will be used to evaluate your qualifications for appointment as a designated pilot examiner. It should be noted that a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection of information is 2120-0033.

Detach all supplemental information and instruction sheets before submitting application.

#### NATIONAL EXAMINER BOARD-DESIGNATED PILOT EXAMINER CANDIDATE APPLICATION

#### **HOW TO APPLY-**(Initial Designations)

- Answer all applicable questions (blocks) fully.
- Refer to the attached instruction sheets if you require assistance to answer a question (block).
- Complete, sign, and date this application in black ink.
- If you need more space to answer a question (block), use additional sheets of blank paper. Be sure to indicate the question (block) number and your name at the top of each additional sheet.
- Attach a copy (front and back) of all applicable pilot, flight instructor, and airman medical certificates to this application.
- Remove all instruction sheets before you send in your completed application.
- Be sure to keep a completed copy of the application and all additional sheets for your files.

#### WHERE TO SEND APPLICATION-

Federal Aviation Administration, Designee Standardization Branch (AFS-640), ATTN: National Examiner Board, P.O. Box 25082, Oklahoma City, OK 73125-0082

#### WHAT HAPPENS TO YOUR APPLICATION-

The National Examiner Board (NEB) will evaluate your application to ensure that you meet the selection criteria for the designation(s) sought. The NEB will advise you, in writing, whether or not you meet the applicable selection criteria. If the NEB sends you a letter stating you do NOT meet the selection criteria, do NOT take the predesignation knowledge test.

If the NEB sends you a letter stating you do meet the selection criteria, you will be directed to take the examiner predesignation knowledge test appropriate to the designation(s) sought. For example: airplane (PEA), rotorcraft (PER), glider (PEG), and balloon (PEB). You may take the examiner predesignation knowledge test at any FAA-approved computerized testing center. Request the pilot examiner predesignation knowledge test for the category applicable to the designation(s) sought. You MUST forward the original test results to the NEB within 10 days of the date you take the examiner predesignation knowledge test. Keep a copy of the test results for your personal records.

Upon receiving your original test results with a score of 80 percent or higher, the NEB will notify you of approval or disapproval for assignment to the national examiner candidate pool. The NEB will forward only the top three ranking candidates within the national examiner candidate pool to each FSDO that requests a new designee. If you are selected, you must be available to serve the entire FSDO area. The NEB keeps your application in the national examiner candidate pool for 2 years or until a FSDO selects you, whichever comes first.

After 2 years, the NEB will delete the applications of all candidates not selected by a FSDO from the national examiner candidate pool. An applicant must repeat the application process in order to apply for reassignment to the national examiner candidate pool.

**NOTE:** FAA Form 8710-10 is used by the National Examiner Board for initial designation. FAA Form 8710-10 does not supersede FAA Form 8710-6, Examiner Designation and Qualification Record. FAA Form 8710-6 may still be used for renewal of PPE's, ACR's, and DPE's.

Request for reinstatement must go to the NEB if the applicant has moved from the original designating district office's area of responsibility.

FAA Form 8710-10 (1-00) i NSN: 0052-00-918-0000

#### NATIONAL EXAMINER BOARD-DESIGNATED PILOT EXAMINER CANDIDATE APPLICATION

Supplemental Information and Instructions (Continued)

#### TYPES OF DESIGNATIONS AND DESIGNEE DEFINITIONS-

**PE** - Private Pilot Examiner

**CIRE** - Commercial and Instrument Rating Pilot Examiner

CE - Commercial Pilot Examiner (For rotorcraft, gliders, and/or lighter-than-air aircraft only.)

ATPE - Airline Transport Pilot Examiner

#### GENERAL QUALIFICATIONS-

- The applicant must hold all pertinent category, class, and type ratings for each aircraft for which designation is sought.
- For a designation requiring a medical certificate, the applicant must hold a valid third-class airman medical certificate for initial designation. (A medical certificate is NOT required for designations limited to examining in balloons and gliders.)
- The applicant must be at least 21 years old.
- The applicant must have a good record as a pilot and flight instructor with regard to accidents, incidents, and violations.
- The applicant must meet all eligibility and experience requirements for the specific designation sought in accordance with the tables beginning on page iv for PE, CE, CIRE, ATPE requirements, the appropriate FAA order, handbooks, and pertinent, current Flight Standards Handbook Bulletin for General Aviation.
- The applicant must have a reputation for integrity and dependability in the industry and the community.
- The applicant must have a history of a harmonious relationship with the FAA.

#### **INSTRUCTIONS FOR COMPLETING FAA FORM 8710-10-**

- 1. All entries on FAA Form 8710-10 must be made in black ink or typewritten.
- Read the attached "Privacy Act Statement."
- 3. Complete blocks 1 through 33:
  - a. **Block 1**. Name (Last, First, Middle)-
    - (1) Enter your legal name. For record purposes, do not use more than one middle name.
    - (2) If you do not have a middle name, enter "NMN" (no middle name) or "NMI" (no middle initial).
    - (3) If you have initial(s) only, enter the initials and then enter "INITIALS ONLY."
    - (4) If you are a junior, III, IV, etc., so indicate.
  - b. Block 2. Social Security Number-
    - (1) Completing Block 2 is optional (see "Privacy Act Statement").
    - (2) Enter your Social Security Number or one of the following: "DO NOT USE" or "NONE."
  - c. **Block 2A**. Date of Birth-Enter date using eight-digit, numeric characters (e.g.., 08/09/1960 not August 9, 1960).
  - d. Block 3. Permanent Mailing Address-Enter all required information, to include number and street, P.O. Box, City, State, and Zip Code.
  - e. **Block 4**. Telephone Number-Enter your home and business telephone numbers including the area code and extensions, if applicable. You may also enter your Fax number, if applicable.
  - f. Block 5. This application is for:-Initial Application for NEB, Renewal Application for NEB, or Reinstatement (other than initial designating FSDO) for NEB. Check the box to the left of the reason for this application. NOTE: Reinstatements are NOT to be sent to the NEB unless the applicant has moved to a different district.
  - g. **Block 6**. Have you ever held an FAA pilot examiner designation in any region?-(If "YES," enter the date(s) and the supervising FSDO.)
  - h. **Block** 7. Type of designation(s) sought:-Check the box to the left of the designation(s) sought. Private Pilot Examiner (PE), Commercial Pilot Examiner (CE), Airline Transport Pilot Examiner (ATPE), and Commercial Instrument Rating Examiner (CIRE). (See the **SPECIFIC ELIGIBILITY REQUIREMENTS** criteria shown on pages iv and v.)
  - i. Block 8. Enter the categories, classes, and types of aircraft for which authorization is sought.-Self-explanatory.
  - j. **Block 9**. Enter the FSDO that has jurisdiction in the area where you desire to serve.-Self-explanatory.
  - k. Block 10. Enter the names of other FSDO's in whose areas you can provide examiner service on a regular basis, if any.-Self-explanatory.
  - 1. Block 11. Has any certificate or rating issued to you ever been revoked?-(If "YES," describe the circumstances.)
  - m. Block 12. Have you had any aircraft accidents or incidents within the past 5 years?-(If "YES," describe the circumstances.)
  - n. **Block 13**. Are you a U.S. citizen?-(You must enter "YES" or "NO.") **NOTE:** You are not required to be a U.S. citizen in order to be a designated examiner.
  - o. **Block 14**. If you are NOT a U.S. citizen, enter the country in which you hold citizenship. If you hold dual citizenship, indicate the names of both countries.-Self-explanatory.
  - p. **Block 15**. Do you read, write, speak, and understand English fluently?-Self-explanatory.
  - q. **Block 16.** FAA certificates held-Enter all certificates held, their certificate numbers, and their ratings and limitations as shown on the certificate. **NOTE: You must provide copies (front and back) of all certificates.**
  - r. Block 17. Enter all of your special training which is pertinent to the designation sought.-Self-explanatory.
  - s. **Block 18A**. Have you ever served as a chief or assistant chief instructor in a school authorized under Title 14 of the Code of Federal Regulations (14 CFR) part 141?-(If "YES," enter the date(s).)
  - t. **Block 18B**. Have you ever served as a check airman authorized under Title 14 of the Code of Federal Regulations (14 CFR) part 121 and/or part 135?-(If "YES," enter the date(s) and the FSDO.)

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- **Block 18C.** Have you ever been an FAA Aviation Safety Inspector?-(If "YES," enter the date(s) and the FSDO.) u.
- Block 19. Have you ever been a military pilot evaluator?-(If "YES," enter the date(s).) v.
- Block 20. Have you ever been an FAA Accident Prevention Counselor or FAA Aviation Safety Counselor?-(If "YES," enter the W. date(s) and the FSDO.)
- Block 21. Flight Experience-Enter all your actual flight time (in hours), as requested. Do not round off or approximate your hours Χ. (i.e., ±) Do not write in the shaded areas. Answer Blocks 21A through 21I, if applicable. **NOTE:** Total flight instruction given and/or instrument flight instruction given. (See the SPECIFIC ELIGIBILITY REQUIREMENTS criteria shown on pages iv and v.)
- Block 22. Work Experience-Describe your current or most recent work experience in Block 22A and work backwards. Use a separate block for each position described (e.g., Block 22A, Block 22B, etc.). Describe all of your work experience in specific detail that pertains to your qualifications for the designation(s) sought. Describe each applicable position you held during at least the past 5 years. You may describe work experience accrued more than 5 years ago. Include military service if your military experience is pertinent to your application for an examiner designation.
  - (1) Complete the name, address, and telephone number of the employer/organization.
  - (2) Job Title: Self-explanatory.
  - (3) Dates Employed: Enter the dates of employment.
  - (4) Supervisor's Name: Self-explanatory.
  - (5) Reason for Leaving: Self-explanatory.
  - (6) Description of Duties: Enter a complete description of the duties performed during this period of employment.
- Block 23. Briefly summarize your aviation activities and professional responsibilities that best qualify you to be a designated pilot Z. examiner.-Self-explanatory.
- Block 24. During the past 5 years, were you fired from any job for any reason?-NOTE: If you answer "YES," you MUST enter the aa. full details in Block 31.
- Block 25. Have you ever been convicted of any felony violation?-NOTE: If you answer "YES," you MUST enter the full details in bb. Block 31.
- Block 26. Arc you now under charges for any violation of law?-NOTE: If you answer "YES." you MUST enter the full details in cc. Block 31.
- Block 27. Have you ever been imprisoned, been on probation, or been on parole?-NOTE: If you answer "YES," you MUST enter the dd. full details in Block 31.
- Block 28. Have you ever been convicted by a military court-martial?-NOTE: If you answer "YES," you MUST enter the full details in ee.
- Block 29. Have you ever been discharged from a military service under a General discharge?-NOTE: If you answer "YES," you ff. MUST enter the full details in Block 31.
- **Block 30**. Have you ever been discharged from a military service under other than honorable conditions?-**NOTE:** If you answer gg. "YES," you MUST enter the full details in Block 31.
- Block 31. If you answered "YES" to any questions in Blocks 24 through 30, you MUST enter the full details. hh.
- Block 32. Education and Training-Are you a high school graduate? (If "YES," enter the name of the high school and the date you ii. graduated.) Are you a GED graduate? (If "YES," enter the date you received the GED.)

  (1) College and/or Technical Training Dates: Enter the beginning and ending dates of the training that you attended.

  - (2) Name of School: Enter the name of the school(s) you attended.
  - (3) Curriculum or Study Program: Enter the curriculum or study program for each school(s) listed.
  - (4) Degree or Certificate Received: Enter degrees or certificates you received from each school(s) listed.
- Block 33. Applicant's Signature-After you read the "RELEASE OF INFORMATION AND CERTIFICATION STATEMENT" and the "NOTICE," sign the application, in black ink. After you sign your name, print or type your name under your signature. Enter the date you signed the application using eight-digit, numeric characters (e.g., 08/09/1999 not August 9, 1999).

# Form Approved OMB No. 2120-0033 NATIONAL EXAMINER BOARD-DESIGNATED PILOT EXAMINER CANDIDATE APPLICATION

Supplemental Information and Instructions (Continued)

#### LIST OF FLIGHT STANDARDS DISTRICT OFFICES

ALASKA	N REGION (AAL)	GREAT LAK	ES REGION (AGL)	SOUTHE	RN REGION (ASO)	WESTERN PA	CIFIC REGION (AWP)
ANC FSDO-03 FAI FSDO-01	ANCHORAGE, AK FAIRBANKS, AK	CLE FSDO-25 CMH FSDO-07	CLEVELAND,OH COLUMBUS, OH	ATL FSDO-I 1	COLLEGE PARK/ ATLANTA, GA	FAT FSDO-17 HNL FSDO-13	FRESNO, CA HONOLULU, HI
JNU FSDO-05	JUNEAU, AK	CVG FSDO-05	CINCINNATI, OH	BHM FSDO-09	BIRMINGHAM, AL	LAS FSDO-19	LAS VEGAS, NV
V110 1000 00	VOT.22.10, 1111	DPA FSDO-03	WEST CHICAGO,	BNA FSDO-03	NASHVILLE, TN	LAX FSDO-23	LOS ANGELES, CA
CENTRA	L REGION (ACE)		IL	CAE FSDO-13	WEST COLUMBIA, SC	LGB FSDO-05	LONG BEACH, CA
DSM FSDO-01	DES MOINES, IA	DTW FSDO-23	BELLEVILLE, MI	FLL FSDO-17	FT. LAUDERDALE, FL	OAK FSDO-27	OAKLAND, CA
ICT FSDO-07	WICHITA, KS	FAR FSDO-21	FARGO, ND	TPA-FSDO-35	TAMPA, FL	RAL FSDO-21	RIVERSIDE, CA
LNK FSDO-09	LINCOLN, NE	GRR FSDO-09	GRAND RAPIDS,	INT FSDO-05	WINSTON-SALEM, NC	RNO FSDO-11	RENO, NV
MCI FSDO-05	KANSAS CITY, MO		MI	JAN FSDO-07	JACKSON, MS	SAC FSDO-25	SACRAMENTO, CA
STL FSDO-03	ST. ANN/	IND FSDO-11	INDIANAPOLIS, IN	LOU FSDO-01	LOUISVILLE, KY	SAN FSDO-09	SAN DIEGO, CA
	ST. LOUIS, MO	MKE FSDO-13	MILWAUKEE, WI	MEM FSDO-25	MEMPHIS, TN	SDL FSDO-07	SCOTTSDALE, AZ
		MSP FSDO-15	MINNEAPOLIS,	MIA FSDO-19	MIAMI, FL	SJC FSDO-15	SAN JOSE, CA
	N REGION (AEA)		MN	ORL FSDO-15	ORLANDO, FL	VNY FSDO-01	VAN NUYS, CA
ABE FSDO-05	ALLENTOWN, PA	ORD FSDO-31	SCHILLER PARK,	CLT FSDO-33	CHARLOTTE, NC	SFO FSDO-03	SAN FRANCISCO,
FRG FSDO-11	FARMINGDALE,		IL	SJU FSDO-21	SAN JUAN, PR		CA
4 GG EGD 0 03	NY	RAP FSDO-27	RAPID CITY, SD	TPA FSDO	TAMPA, FL	INTERNATION	ONAL FIELD OFFICE
AGC FSDO-03	W. MIFFLIN/	SBN FSDO-17	SOUTH BEND, IN	COUTI	IWEST DECION	INTERNATIO	ONAL FIELD OFFICE
ALD ECDO OI	PITTSBURGH, PA	SPI FSDO-19	SPRINGFIELD, IL		IWEST REGION		LIST
ALB FSDO-01	ALBANY,NY	NEW ENCL A	ND REGION (ANE)	ABQ FSDO-01	ALBUQUERQUE, NM	FRA IFO-EA33	FRANKFURT
BAL FSDO-07 CRW FSDO-09	BALTIMORE, MD	BED FSDO-01	BEDFORD, MA	BTR FSDO-03	BATON ROUGE, LA	SIN IFO-WP33	SINGAPORE
DCA FSDO-27	CHARLESTON, WV CHANTILLY, VA	BDL FSDO-01	WINDSOR LOCKS,	DAL FSDO-05	DALLAS, TX	BRX IFO-EA31	BRUSSELS
DCA FSDO-27	WASH, DC	BBE15BO 05	CT CT	DFW FSDO-07	DALLAS, TX	LGW IFO-EA35	LONDON
HAR FSDO-13	NEW	BOS FSDO-02	BOSTON, MA	FTW FSDO-19	FT. WORTH, TX	MIA IFO-SO23	MIAMI SPNGS, FL
HAR FSDO-13	CUMBERLAND/	PWM FSDO-05	PORTLAND, ME	HOU FSDO-09	HOUSTON, TX	DFW IFO-SW23	DALLAS, TX
	HARRISBURG, PA			LBB FSDO-13	LUBBOCK, TX		
PHL FSDO-17	PHILADELPHIA,PA	NORTHWE	ST MOUNTAIN	LIT FSDO-11 OKC FSDO-15	LITTLE ROCK, AR OKLA. CITY, OK		
NYC FSDO-15	GARDEN CITY, NY	REGI	ON (ANE)	SAT FSDO-17	SAN ANTONIO, TX		
PIT FSDO-19	CORAOPOLIS/	BOI FSDO-11	BOISE, ID	3A1 F3DO-17	SAN ANTONIO, TA		
111100017	PITTSBURGH, PA	CPR FSDO-04	CASPER, WY				
RIC FSDO-21	SANDSTON/	DEN FSDO-03	DENVER, CO				
	RICHMOND, VA	GEG FSDO-13	SPOKANE, WA				
ROC FSDO-23	ROCHESTER, NY	HLN FSDO-05	HELENA, MT				
TEB FSDO-25	TETERBORO, NJ	PDX FSDO-09	HILLSBORO/				
NY IFO-29	JAMAICA, NY		PORTLAND, OR				
		SEA FSDO-01	SEATTLE, WA				
		SLC FSDO-07	SALT LAKE CITY,				
		P	UT				
		DEN FSDO-30	DENVER, CO				

## SPECIFIC ELIGIBILITY REQUIREMENTS FOR PRIVATE PILOT EXAMINER (PE) DESIGNEES

ELIGIBILITY REQUIREMENTS	AIRPLANE	ROTORCRAFT	GLIDERS	L-T-A AIRSHIPS	L-T-A BALLOON
CERTIFICATES REQUIRED	Commercial Pilot Flight Instructor	Commercial Pilot Flight Instructor	Commercial Pilot Flight Instructor	Commercial Pilot	Commercial Pilot
CERTIFICATE CATEGORIES	Both with Airplane category	Both with Rotorcraft category	Both with Glider	Lighter than Air	Lighter than Air
RATINGS	Both with appropriate airplane class rating(s) Instrument-Airplane on pilot certificate only	Helicopter or Gyroplane class rating(s), as appropriate		Airship class rating	Balloon class rating
HOURS AS PIC	2, 000 •1,000 in airplanes that include 300 in past year •300 in airplane class •100 at night	1,000 • 500 in rotorcraft that include at least 100 in past year • 250 in helicopters or 150 in gyroplanes, as appropriate	• 200 in gliders that include 10 hours in past year of at least 10 flights	1,000 •500 in airships that include at least 200 in past year •50 at night	• 100 in balloons that include 20 hours in past year of at least 10 flights each of at least 30 minutes duration
HOURS AS FLIGHT INSTRUCTOR (as a CFI or as a Military Flight Instructor)	500 in airplanes •100 in class	200 in helicopters or gyroplanes, as appropriate	100 in gliders	100 in airships	50 in balloons • 10 in past year

# NATIONAL EXAMINER BOARD-DESIGNATED PILOT EXAMINER CANDIDATE APPLICATION

Supplemental Information and Instructions

# SPECIFIC ELIGIBILITY REQUIREMENTS FOR COMMERCIAL PILOT EXAMINER (CE) DESIGNEES

ELIGIBILITY REQUIREMENTS	AIRPLANE	ROTORCRAFT (VFR ONLY)	GLIDERS	L-T-A AIRSHIPS	L-T-A BALLOON
CERTIFICATES REQUIRED		Commercial Pilot Flight Instructor	Commercial Pilot Flight Instructor	Commercial Pilot	Commercial Pilot
CERTIFICATE CATEGORIES		Both with Rotorcraft category	Both with Glider category	Lighter than Air.	Lighter than Air.
RATINGS		Helicopter or Gyroplane class rating(s), as appropriate		Airship class rating	Balloon class rating
HOURS AS PIC		2,000 •500 in rotorcraft that include at least 100 in past year •250 in helicopters or 150 in gyroplanes, as appropriate. •1f applicable, 100 in large helicopters that include 50 in the type helicopter sought, and 25 in each additional type sought.	• 250 in gliders that include at least 20 hours in the past year of at least 50 flights	2,000 •500 in airships that include at least 200 in past year •50 at night	• 100 in balloons that include at least 20 hours in past year of at least 10 flights each of at least 30 minutes duration • Held a Commercial Pilot Certificate-Balloon for at least 1 year
HOURS AS FLIGHT INSTRUCTOR (as a CFI or as a Military Flight Instructor)		200 in helicopters or gyroplanes, as appropriate. •50 in helicopters or gyroplanes, as appropriate, preparing pilots for a Commercial Pilot Certificate	• 100 in gliders	100 in airships	50 in balloons •10 in past year

#### SPECIFIC ELIGIBILITY REQUIREMENTS FOR COMMERCIAL AND INSTRUMENT RATING EXAMINER (CIRE) AND AIRLINE TRANSPORT PILOT EXAMINER (ATPE) DESIGNEES

AIRLINE TRANSPORT PILOT EXAMINER (ATPE) DESIGNEES					
	TYPE OF CIRE DESIGNAT	TON	Т	TYPE OF ATPE DESIGNATION	
ELIGIBILITY REQUIREMENTS	AIRPLANE & INSTRUMENT	HELICOPTER & INSTRUMENT	AIRPLANE	HELICOPTER	
CERTIFICATES REQUIRED	Commercial Pilot Flight Instructor	Commercial Pilot Flight Instructor	Airline Transport Pilot Flight Instructor	Airline Transport Pilot Flight Instructor	
CERTIFICATE CATEGORIES	Both with Airplane category	Both with Rotorcraft category	Both with Airplane category	Both with Rotorcraft category	
RATINGS	Both with appropriate airplane class ratings and Instrument-Airplane	Helicopter class rating; Instrument-Helocopter	Both with appropriate airplane class rating(s) and instrument privileges on ATP and Instrument- Airplane on CFI	Both with Helicopter ratings and instrument privileges on ATP and Instrument-Helocopter on CFI	
HOURS AS PIC	2, 000 •1,000 in airplanes that include 300 in airplanes in past year •500 in class of airplane •100 at night in airplanes •200 in complex airplanes •100 instrument flight (actual or simulated) •If applicable, 300 in large or turbine-power airplanes, that include 50 in type sought and 25 in each additional type sought	2,000 • 500 in helicopters that include 100 in helicopters in past year • 100 instrument flight (actual or simulated) • If applicable, 100 in large helicopters, that include 50 in type sought and 25 in each additional type sought	2, 000 •1,500 in airplanes that include 300 in airplanes in past year •500 in class of airplane •100 at night in airplanes •200 in complex airplanes •100 instrument flight (actual or simulated) •If applicable, 300 in large or turbine-power airplanes, that include 50 in type sought and 25 in each additional type sought	2,000 •1200 in helicopters that include 100 in helicopters in past year •100 instrument flight (actual or simulated) •If applicable, 100 in large helicopters, that include 50 in type sought and 25 in each additional type sought	
HOURS AS FLIGHT INSTRUCTOR (as a CFI or as a Military Flight Instructor)	500 in airplanes • 100 in class • 250 instrument flight instructor time, that includes 200 in airplanes	250 in helicopters •50 instrument flight instruction in helicopters •100 preparing pilots for Commercial Pilot-Helicopter	500 in airplanes •100 in class of airplane •250 instrument flight instructor time, that includes 200 in airplanes •150 preparing pilots for Commercial Pilot or ATP with airplane category or type rating or Instrument- Airplane rating	250 in helicopters • 50 instrument flight instruction in helicopters • 100 in helicopters preparing pilots for Commercial Pilot Certificate or ATP Certificate with a Helicopter class or type rating or Instrument-Helicopter rating	

NATIONAL EXAMINE	ER BOARD-DESIGNATI	ED PILOT EXAN	MINER CANDIDATE APPLICAT	ΓΙΟΝ		
U.S. Department of Transportation Federal Aviation Administration						
1. Name (Last, First, Middle)-		2	. Social Security Number	2A. Date of Birth-		
3. Permanent Mailing Address-			4. Telephone Numbers- Home Phone:			
City: State:	Zip Code:	В	Business Phone:			
5. This application is for:-	6. Have you ever held an F designation in any region? (If "Yes," enter the date(s) FSDO.)  YES  From (mo/yr):  To (mo/yr):  FSDO:	FAA pilot examiner  and the supervising  NO	7. Type of designation(s) sought-  PE			
8. Enter the categories, classes, and types of aircraft for which authorization is sought	9. Enter the FSDO that has area where you desire to se		10. Enter the names of other FSDO' provide examiner service on a regul			
11. Has any certificate or rating issued to you ever (If "YES," describe the circumstances.)   YES NO		(If "YES," describe	any aircraft accidents or incidents within the the circumstances.)			
13. Are you a U.S. citizen?-  ☐ YES ☐ NO	14. If you are not a U.S. cit country in which you hold hold dual citizenship, indic both countries	citizenship. If you	15. Do you read, write, speak, and fluently?-	understand English		
16. FAA Certificates held-You MUST provide con Type of Certificate	pies (front and back) of all cer Certificate N		Ratings and Limitations (as sh	nown on the certificate)		
17. Enter all of your special training which is perti	nent to the designation sough	t				

<b>18A</b> . Have you ever served as a chief or assistant chief instructor in a school authorized under Title 14 of the Code of Federal Regulations (14 CFR) part 141? (IF "YES," enter the date(s).)									
☐ Y.	ES NO	) Fi	rom (mo/yr):	To (mo/	yr):				
			n authorized under	Title 14 of the Cod	e of Fed	eral Regulations (1	4 CFR) part 121 ar	nd/or part 135?-	
(If "YES," enter			(mo/yr):	To (mo/yr):_		FSDO	:		<u></u>
<b>18C.</b> Have you	ever been an FA	A Aviation S	Safety Inspector?-(I	f"YES," enter the o	date(s) a	nd the FSDO.)			
☐ YES	□ NO		• • •			· · · · · · · · · · · · · · · · · · ·			<u> </u>
19. Have you ev	er been a milita	ry pilot evalu	nator?-(If "YES," en	nter the date(s).)					
☐ YES	□ NO	From (mo/y	yr):	To (mo/yr):		_			
20. Have you be	en an FAA Acc	ident Prevent	tion Counselor or F	AA Aviation Safet	y Couns	elor?-(If"YES," en	ter the date(s) and t	the FSDO.)	
☐ YES	S □ NO	From (mo	/yr):	_ To (mo/yr):		FSDO:			_
hours (i.e., ±). D	o not write in the nad/or instru	ne shaded are ument flight	as. Answer Blocks instruction given.	), as requested. Do 21A through 21I, i . (See the <b>SPECIFI</b>	f applica	able. NOTE: Total		<b>21A.</b> Enter turbine-plarge airplanes and chelicopters.	
Aircraft Class/ Experience	PIC Total	PIC Last 12 Mos.	Total (Non- Instrument) Flight Instruction Given (Civilian/	Instrument Flight	PIC Night	Instrument Flight (Actual/ Simulated)	Flight Instruction Given (Balloons Last 12 Mos.)	Aircraft Make and	PIC Total
ASEL			/			/			
AMEL			/			/			
ASES			/			/			
AMES			/			/			
Helicopter			/			/			
Gyroplane			/						
Glider			/						
Airship			/						
Balloon /									
21B. Enter num	ber of glider flig	ghts as PIC w	ithin the past year.	-					
21C. Enter num	ber of balloon fl	lights as PIC	that were at least 3	0 minutes duration	within t	he past year <u>.</u> -			

<b>21D.</b> Enter number of hours as PIC in complex airplanes.					
21E. Enter number of hours flight instruction given in rotorcraft preparing pilots for commercial pilot certificate.					
21F. Enter date your commercial balloon certificate was	21F. Enter date your commercial balloon certificate was acquired.				
21G. Enter number of hours flight instruction given in a	airplanes preparing pilots for an	ATP certificate, an instru	ment rating, or a type ra	ating-	
21H. Enter number of hours flight instruction given in l	nelicopters preparing pilots for a	an ATP certificate, an instr	rument rating, or a type	rating	
211. Enter number of pilot and/or flight instructor certif	ication practical tests completed	l within the past year (as F	FAA Aviation Safety In:	specto <u>r)</u>	
22. Work Experience-Describe your current or most receive. (e.g., Block 22A, Block 22B, etc.). Describe all of your each applicable position you held during at least the past your military experience is pertinent to your application	work experience in specific deta 5 years. You may describe work	il that pertains to your qua	alifications for the desig	gnation(s) sought. Describe	
<b>22A.</b> Name of Employer/Organization:			Telephone Number		
Address:			Number		
City:		Sta	nte:	Zip Code:	
Job Title:	Dates Employed (mo/yr):		Supervisor's Name:		
Reason for Leaving:	From:	To:			
Description of Duites:					
<b>22B.</b> Name of Employer/Organization:			Telephone Number		
Address:					
City:		Sta	nte:	Zip Code:	
Job Title:	Dates Employed (mo/yr): From:	To:	Supervisor's Name:		
Reason for Leaving:					
Description of Duites:					
<b>22C.</b> Name of Employer/Organization:			Telephone Number		
Address:			114111001		
City:		Sta	nte:	Zip Code:	

Job Title:	Dates Employed (mo/yr):	Supervisor's Name:	
Reason for Leaving:	From: To:		
Description of Duites:			
22D. Name of Employer/Organization:		Telephone Number	
Address:			
City:	S	tate:	Zip Code:
Job Title:	Dates Employed (mo/yr): From: To:	Supervisor's Name:	
Reason for Leaving:	To.		
Description of Duites:			
<b>22E.</b> Name of Employer/Organization:		Telephone Number	
Address:		Number	
Address:			
City:	S	tate:	Zip Code:
	Dates Employed (mo/yr):	tate:    Supervisor's Name:	Zip Code:
City:			Zip Code:
City:  Job Title:  Reason for Leaving:	Dates Employed (mo/yr):		Zip Code:
City: Job Title:	Dates Employed (mo/yr):		Zip Code:
City:  Job Title:  Reason for Leaving:	Dates Employed (mo/yr):		Zip Code:
City:  Job Title:  Reason for Leaving:	Dates Employed (mo/yr):		Zip Code:
City:  Job Title:  Reason for Leaving:	Dates Employed (mo/yr):		Zip Code:
City:  Job Title:  Reason for Leaving:	Dates Employed (mo/yr):	Supervisor's Name:  Telephone	Zip Code:
City:  Job Title:  Reason for Leaving:  Description of Duites:	Dates Employed (mo/yr):	Supervisor's Name:	Zip Code:
City:  Job Title:  Reason for Leaving:  Description of Duites:  22F. Name of Employer/Organization:	Dates Employed (mo/yr): From: To:	Supervisor's Name:  Telephone Number	Zip Code:
City:  Job Title:  Reason for Leaving:  Description of Duites:  22F. Name of Employer/Organization:  Address:	Dates Employed (mo/yr): From: To:  Solution:  Dates Employed (mo/yr):	Supervisor's Name:  Telephone Number	
City:  Job Title:  Reason for Leaving:  Description of Duites:  22F. Name of Employer/Organization:  Address:  City:	Dates Employed (mo/yr): From: To:	Supervisor's Name:  Telephone Number  tate:	
City:  Job Title:  Reason for Leaving:  Description of Duites:  22F. Name of Employer/Organization:  Address:  City:  Job Title:  Reason for Leaving:	Dates Employed (mo/yr): From: To:  Solution:  Dates Employed (mo/yr):	Supervisor's Name:  Telephone Number  tate:	
City:  Job Title:  Reason for Leaving:  Description of Duites:  22F. Name of Employer/Organization:  Address:  City:  Job Title:	Dates Employed (mo/yr): From: To:  Solution:  Dates Employed (mo/yr):	Supervisor's Name:  Telephone Number  tate:	
City:  Job Title:  Reason for Leaving:  Description of Duites:  22F. Name of Employer/Organization:  Address:  City:  Job Title:  Reason for Leaving:	Dates Employed (mo/yr): From: To:  Solution:  Dates Employed (mo/yr):	Supervisor's Name:  Telephone Number  tate:	
City:  Job Title:  Reason for Leaving:  Description of Duites:  22F. Name of Employer/Organization:  Address:  City:  Job Title:  Reason for Leaving:	Dates Employed (mo/yr): From: To:  Solution:  Dates Employed (mo/yr):	Supervisor's Name:  Telephone Number  tate:	

23. Briefly summarize your aviation activities and professional responsibilities that best qualify you to be a designated pilot examiner						
24. During the past 5 years, were you		u ever been convicted of	26. Are you now under ch	narges for	27. Have you ever	
fired from any job for any reason?-	any felony v	iolation?-	any violation of law?-		been on probation parole?-	, or been on
☐ YES ☐ NO	☐ YES			NO	☐ YES	□ NO
<b>28.</b> Have you ever been convicted by a m court-martial?-	ilitary	<b>29.</b> Have you ever been dis service under a General dis				ed from a military le conditions?-
☐ YES ☐ NO		$\square$ YES $\square$ N		☐ YES	S □ NO	
31. If you answered "YES" to any question	ons in Blocks 2	4 through 30, you MUST en	ter the full details.			
32. Education and Training-						
Are you a high school graduate?		_			f Graduation (mo/yr)	<u></u>
Are you a GED graduate?	S □ NO	Date received GED (mo/	yr):			
College and/or Technical Training		N. CC.I. I	0 1 0	D	D C 4	:
Dates: From (mo/yr): To (mo/yr):		Name of School:	Curriculum or Stud	y Program:	Degree or Cert	ificate Received:
·						
	RELEA	ASE OF INFORMATION AN	ID CERTIFICATION STAT	TEMENT-		
Read this statement CAREFULLY.						
After you read this statement, you MU			k ink.			
<ul><li>Under your signature, you MUST prin</li><li>I understand that a false statement or</li></ul>			s for not approving this app	lication for re	scinding my eligibili	ty as an examiner
candidate, for not designating me, or				neation, for re	semanig my engiom	ty us an examiner
• I understand that any information given						
<ul> <li>I consent to the release of informatio enforcement agencies, and other indi</li> </ul>						
government to whom the FAA has de					a persons not employ	ed by the redetai
• I understand that, if my application i			national examiner candidate	pool is depend	dent on my passing tl	he examiner
<ul> <li>predesignation knowledge test with a</li> <li>I understand that assignment to the n</li> </ul>			uarantee selection or design	ation as a pilo	t examiner and that i	if selected
designation is dependent on satisfact						
Standardization Seminar.						
<ul> <li>I understand that my FAA accident/i</li> <li>I understand that designation as a pil</li> </ul>					ninated revoked or n	ot renewed at any
time for any reason the FAA Admini			nat any designation receive	ou may be term	matea, revokea, or n	ot rone wed at any
• I certify that, to the best of my know	ledge and belie	ef, all of my statements on thi	s application are true, corre	ct, complete, a	and made in good fait	h.

33. Applicant's Signature -(Sign application in black ink.) -NOTICE-Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, or both. (18 U. S. Code Secs. 1001; 3571).	Date signed-(Month, Day, Year)
(Print or type your name under your signature.)	

	KAMINER BOARD USE ONLY					
(For Original Issuance Only)						
☐ Accepted for Predesignation Testing ☐ Not Qualified	Date:					
Predesignation Test Score:	Date of Test:					
☐ Approved for Pool ☐ Disapproved for Pool	Date:					
Signature of NEB Official:	Title:					
Referred to: FSDO  Selected Declined	Date:					
FOR FSDO USE ONLY: FAA Form 8710-6 may be used for renewals, additional authorizations, and/or reinstatements.						
Inspector's Recommendation:	approve					
Reason for Disapproval (Attach additional sheets, if required.):						
The individual submitting this application has satisfactorily demonstrated co	ompetency to perform the duties of the following designation(s):					
☐ PE ☐ CE ☐ CIRE  Aircraft categories:	☐ ATPE ☐ FIE (Must have 1 year as CE/CIRE)					
☐ Airplane ☐ Rotorcraft ☐ Glider	☐ Lighter-Than-Air					
Additional Qualifications/Limitations (if any):						
Inspector's						
Signature: D	Date:FSDO:					
Regional Office:  Approve Disapprove	Date:					
Signature:						
FSDO:						
Certificate of Authority Issued: Date:	FSDO:					
Examiner Number:	Expiration Date:					
LOA(s) Issued:						
Additional FSDO's to be served by the examiner (if any):						
Table 5 to 6 be set red by the examiner (it any).						